Search Results -

Terms	Documents
(CD20 or rituximab or CAMPATH?) and sclerosis	80

Database: US Patents Full-Text Database; US Pre-Grant Publication Full-Text Database; JPO Abstracts Database; EPO Abstracts Database; Derwent World Patents Index; IBM Technical Disclosure Bulletins

Refine Search: (CD20 or rituximab or CAMPATH?) and sclerosis — Clear

Search History

Today's Date: 6/24/2001

DB Name	Query	Hit Count	Set Name
USPT,DWPI	(CD20 or rituximab or CAMPATH?) and sclerosis	80	L3
USPT,DWPI	(CD20 or rituximab or CAMPATH?) and autoimmun$	188	L2
USPT,DWPI	(CD20 or rituximab or CAMPATH?) and (MS or (multiple adj1 sclerosis))	467	L1

(FILE 'HOME' ENTERED AT 10:44:14 ON 24 JUN 2001)

FILE 'MEDLINE, CAPLUS, EMBASE, BIOSIS' ENTERED AT 10:44:35 ON 24 JUN 2001

L1	34782	S	(LYMPHOCYTE OR CELL) (2W) DEPLET?
L2	264981	S	MS OR (MULTPLE (1W) SCLEROSIS)
L3	7986	S	CD20 OR RITUXIMAB
L4	1	S	L1 AND L2 AND L3
L5	110	S	L1 AND L2
L6	431	S	CAMPATH-1H
L7	23	S	L6 AND REVIEW
L8	7	S	L7 AND PY<1999
L9	251	S	L3 AND AUTOIMMUN?
L10	0	S	L9 AND L2
L11	143	DUP REM	L9 (108 DUPLICATES REMOVED)

L5 ANSWER 100 OF 110 BIOSIS COPYRIGHT 2001 BIOSIS
ACCESSION NUMBER: 1994:408692 BIOSIS
DOCUMENT NUMBER: PREV199497421692
TITLE: Preliminary evidence from magnetic resonance imaging for reduction in disease activity after **lymphocyte depletion** in multiple sclerosis.
AUTHOR(S): Moreau, Thibault; Thorpe, John; Moseley, David Vv Milleran;
Hale, Geoff; Waldmann, Herman; Clayton, David; Wing, Mark; Scolding, Neil; Compston, Alastair (1)
CORPORATE SOURCE: (1) Univ. Cambridge Neurol. Unit, Addenbrooke's Hosp., Cambridge CB2 2QQ UK
SOURCE: Lancet (North American Edition), (1994) Vol. 344, No. 8918,
pp. 298-301.
ISSN: 0099-5355.
DOCUMENT TYPE: Article
LANGUAGE: English
AB The central nervous system lesions of multiple sclerosis (**MS**) can be detected by magnetic resonance imaging (MRI) and the initial perivascular inflammatory component is distinguished by the presence of gadolinium enhancement. To assess the effect of systemic **lymphocyte depletion** on disease activity, seven patients with **MS** received a 10-day intravenous course of the humanised monoclonal antibody CAMPATH-1H (anti-CDw52). With some variations in the protocol, enhanced cerebral MR images were obtained monthly for 3-4 months before and at least 6 months after treatment. 28 enhancing areas were detected on the first series of 7 scans; 51 additional active lesions were identified on 18 scans before treatment; 15 were detected on 20 scans done over the next 3 months, but only 2 active lesions were seen on 23 scans during follow-up beyond 3 months. The difference in lesion incidence rate before and after treatment varied and the rate ratio was significantly reduced in only three patients. Collectively, in a "meta-analysis", the rate ratios were 0.58 (95% CI 0.09-0.24) for all seven patients and 0.24 (0.14-0.42; p lt 0.001) with exclusion of the patient whose scanning schedule differed. The effect of CAMPATH-1H on disease activity provides direct, but preliminary, evidence that disease activity in **MS** depends on the availability of circulating lymphocytes and can be prevented by **lymphocyte depletion**. It is too early to say anything about the clinical results of treatment with this agent.

L8 ANSWER 3 OF 7 CAPLUS COPYRIGHT 2001 ACS
ACCESSION NUMBER: 1997:46761 CAPLUS
DOCUMENT NUMBER: 126:142905
TITLE: **CAMPATH-1H** therapy in autoimmune diseases
AUTHOR(S): Watts, Richard A.; Isaacs, John D.
CORPORATE SOURCE: Addenbrooke's Hospital, Cambridge, UK
SOURCE: Novel Ther. Agents Treat. Autoimmune Dis. (**1997**), 75-82. Editor(s): Strand, Vibeke; Scott, David L.; Simon, Lee S. Dekker: New York, N. Y.
CODEN: 63VZA5
DOCUMENT TYPE: Conference; General Review
LANGUAGE: English
AB A **review** with .apprx.26 re

L5 ANSWER 90 OF 110 BIOSIS COPYRIGHT 2001 BIOSIS
ACCESSION NUMBER: 1998:212579 BIOSIS
DOCUMENT NUMBER: PREV199800212579
TITLE: T **cell-depleted** autologous hematopoietic stem cell transplantation for multiple sclerosis: Report on the first three patients.
AUTHOR(S): Burt, R. K. (1); Traynor, A. E.; Cohen, B.; Karlin, K. H.; Davis, F. A.; Stefoski, D.; Terry, C.; Lobeck, L.; Russell, E. J.; Goolsby, C.; Rosen, S.; Gordon, L. I.; Keever-Taylor, C.; Brush, M.; Fishman, M.; Burns, W. H.
CORPORATE SOURCE: (1) Allogenic Bone Marrow Transplantation, Wesley Pavilion, Room 1416, 250 E. Superior St., Chicago, IL 60611-2950 USA
SOURCE: Bone Marrow Transplantation, (March 2, 1998) Vol. 21, No. 6, pp. 537-541.
ISSN: 0268-3369.
DOCUMENT TYPE: Article
LANGUAGE: English
AB Multiple sclerosis (**MS**) is a disease of the central nervous system characterized by immune-mediated destruction of myelin. In patients with progressive deterioration, we have intensified immunosuppression to the point of myeloablation. Subsequently, a new hematopoietic and immune system is generated by infusion of CD34-positive hematopoietic stem cells (HSC). Three patients with clinical **MS** and a decline of their Kurtzke extended disability status scale (EDSS) by 1.5 points over the 12 months preceding enrollment and a Kurtzke EDSS of 8.0 at the time of enrollment were treated with hematopoietic stem cell (HSC) transplantation using a myeloablative conditioning regimen of cyclophosphamide (120 mg/kg), methylprednisolone (4 g) and total body irradiation (1200 cGy). Reconstitution of hematopoiesis was achieved with CD34-enriched stem cells. The average time of follow-up is 8 months (range 6-10 months). Despite withdrawal of all immunosuppressive medications, functional improvements have occurred in all three patients. We conclude that T **cell-depleted** hematopoietic stem cell transplantation can be performed safely in patients with severe and debilitating multiple sclerosis. Stem cell transplantation has resulted in modest neurologic improvements for the first time since onset of progressive disease although no significant changes in EDSS or NRS scales are evident at this time.